



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

<http://www.dmas.state.va.us>

MEDICAID MEMO

TO: All Providers of Home and Community Based Services Waivers (HCBS) and Early Periodic Screening, and Diagnosis and Treatment (EPSDT) services participating in Virginia Medical Assistance Programs and Medicaid Managed Care Organizations (MCOs)

FROM: Karen Kimsey, Director
Department of Medical Assistance Services (DMAS)

DATE: 8/11/2020

SUBJECT: Developmental Disabilities (DD) and Commonwealth Coordinated Care (CCC) Plus Waivers: Provider Flexibilities Related to COVID-19

This memo is part of a series that sets out the agency's guidance on the flexibilities available to providers in light of the public health emergency presented by the COVID-19 virus. The flexibilities in this memo include specific items related to Home and Community-Based Services (HCBS) Waivers, including the DD Waivers and the CCC Plus Waiver. These flexibilities are relevant to the delivery of covered services for COVID-19 detection and treatment, as well as maximizing access to care and minimizing viral spread through community contact and were included in earlier DMAS Medicaid memos dated March 19, 2020, April 22, 2020, May 15, 2020 and June 26, 2020.

Providers are encouraged to frequently access the Agency's website to check the central COVID-19 [response page](#) for both FAQs and guidance regarding new flexibilities as they are implemented. For additional questions about this memo or other COVID-19 related issues, the agency has created a centralized point of access for submission at <http://dmas.virginia.gov/contactforms/#/general>. Questions may also be submitted to COVID19@dmas.virginia.gov.

Any flexibilities listed in previous Medicaid Memos are still in effect during this current state of emergency unless explicitly stated otherwise. At such time that these and other flexibilities and allowances cease, providers will be notified through a Medicaid Memo noting the effective dates of those actions.

Extension of HCBS 1915 (c) Waiver Flexibilities

The purpose of this memo is to provide updates on the planned expiration date changes of the HCBS 1915(c) Waiver flexibilities specific to face to face visit requirements and other HCBS flexibilities. DMAS is granting the extension of these flexibilities to maintain provider staffing, maximize access to care, and minimize viral spread through community contact spread through community contact. All flexibilities noted in this Medicaid Memo are extended until January 26, 2021, the approved end date of the Commonwealth's federal Appendix K authority. Please note, video-conferencing, whenever possible, should be conducted through a secure, HIPAA compliant connection, additional information can be found

[here](#) provided by the US Health and Human Services. Previous guidance on electronic signatures remain in force while face to face visits are waived.

The following flexibilities shall remain in place until January 26, 2021:

1. Allow providers and managed care organizations (MCOs) the option to conduct evaluations, assessments, and person-centered planning meetings telephonically or through video-conferencing in lieu of face-to-face meetings. All temporary suspensions of face-to-face requirements to conduct the health risk assessments, reassessments, routine and supervisory visits, interdisciplinary care team meetings, care planning meetings, and annual level of care evaluations.

There are instances in which the health, safety, or welfare of the member may necessitate the visualization of the member and their surroundings. This visualization may be conducted through either an in-person visit or virtually utilizing video-conferencing. If the member refuses a visit or is unable to access virtual visit capabilities, the provider shall document the refusal or barrier and work with the member to ensure adequate resources are in place to address the member's needs. Examples of health and safety issues that may require an in-person or video-conferencing visit may include significant changes in the member's medical condition, changes in natural supports, or known active abuse, neglect, or exploitation allegations.

2. Allow an electronic method of service delivery (e.g., telephonic/video-conferencing) to be provided remotely in the home setting for case management and monthly monitoring in order to meet the reasonable indication of need for services requirement in 1915 (c) waivers. This applies to targeted case management in the DD waivers as well as care coordination provided in the CCC Plus waiver. This includes visits for completion of the SIS, VIDES, annual plan meetings, and case management visits.

3. Allow In-home Support services to be delivered via an electronic method or telehealth (i.e., telephonic/video-conferencing) service delivery as referenced in the May 15, 2020 Medicaid Memo. This allowance is only permitted for those authorizations in effect prior to the emergency declaration on March 12, 2020. However, beginning August 15, 2020, requests for telehealth service delivery for services authorized after March 12, 2020 may be submitted for consideration. A new plan for supports will need to be submitted to clearly identify how services provided via telehealth will be accomplished. These new requests will not be retroactive and will only be approved through October 31, 2020.

4. Allow Group Day Services to continue to be provided by and reimbursed to the authorized Day Support provider when provided in residential settings as referenced in the May 15, 2020 Medicaid Memo. This allowance was only permitted for those authorizations in effect prior to the emergency declaration on March 12, 2020. However, beginning August 15, 2020, requests for telehealth service delivery for plans authorized after March 12, 2020 may be submitted for consideration. These new requests will not be retroactive and will only be approved through October 31, 2020.

5. Allow Community Engagement (CE)/Community Coaching (CC) to be provided through telephonic/video-conferencing for individuals who have the technological resources and ability to participate with remote CE/CC staff via virtual platforms (e.g., ZOOM, UberConference, etc.) in order to build computer skills to connect them with other community members as referenced and consistent with the May 15, 2020 Medicaid Memo. This allowance was only permitted for those authorizations in effect prior to the emergency declaration on March 12, 2020. However, beginning on or after August 15, 2020,

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requests for telehealth service delivery of plans authorized after March 12, 2020 may be submitted for consideration. A new plan for supports will need to be submitted to clearly identify how services provided via telehealth will be accomplished. These new requests will not be retroactive and will only be approved through October 31, 2020.

6. Allow Therapeutic Consultation activities that do not require direct intervention by the behaviorist to be conducted through telephonic/video-conferencing methods.

7. Allow legally responsible individuals (parents of children under age 18 and spouses) to provide personal care/personal assistance services for reimbursement.

ADDITIONAL INFORMATION ON THE MEDICAID WAIVERS:

DBHDS website

<http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/my-life-my-community>

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state long distance
1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

<u>PROVIDER CONTACT INFORMATION & RESOURCES</u>	
Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	www.virginiamedicaid.dmas.virginia.gov
Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996

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KEPRO Service authorization information for fee-for-service members.	https://dmas.kepro.com/
Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.	
Medallion 4.0	http://www.dmas.virginia.gov/#/med4
CCC Plus	http://www.dmas.virginia.gov/#/cccplus
PACE	http://www.dmas.virginia.gov/#/longtermprograms
Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com , email: VAProviderQuestions@MagellanHealth.com , or call: 1-800-424-4046
Provider HELPLINE Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627
Aetna Better Health of Virginia	aetnabetterhealth.com/virginia 1-800-279-1878
Anthem HealthKeepers Plus	www.anthem.com/vamedicaid 1-800-901-0020
Magellan Complete Care of Virginia	www.MCCofVA.com 1-800-424-4518 (TTY 711) or 1-800-643-2273
Optima Family Care	1-800-881-2166
United Healthcare	Uhccommunityplan.com/VA and myuhc.com/communityplan 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711)